## Image# 11930479942 FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in	n full)											
Marlin A Stutzman	i ruii)											
(b) Address (number and	d street)	☐ Check if address changed					2. Identification Number					
0250 W 600 N							H0IN031	98				
(c) City, State and ZIP	Code						<ol><li>Is This Statemer</li></ol>	nt	New	0.0	X Amended	
Howe		IN		46740		Distri			<sup>⊥</sup> (N)	OR	(A)	
4. Party Affiliation REPUBLICAN PARTY		5. Office Soug House	nt		6. State &	O3	ict of Candid	aie				
TIEL OBLIGANT AITT		110036			IIN	00						
	DES	SIGNATION	OF PRIN	ICIPAL C	AMPAIGI	N C	OMMITTE	EE				
7. I hereby designate the following named political committee as my Principal Campaign Committee for the (year of election) election(s).												
NOTE:This designation	should be fi	led with the ap	propriate of	fice listed in	the instructi	ions.						
(a) Name of Committee	(in full)											
Stutzman for Congre	ess											
(b) Address (number and	d street)											
0250 W 600 N												
(c) City, State and ZIP	Code											
Howe		IN		4	6746							
(Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE: This designation should be filed with the principal campaign committee.												
(a) Name of Committee												
America's New Majo												
(b) Address (number and												
228 S Washington S	St Ste 115											
(c) City, State and ZIP C	Code											
Alexandria		VA	A	2	2314							
I certify that	I have exan	nined this Stat	ement and to	o the best of	my knowled	dge a	and belief it i	s true,	correc	t, and c	omplete.	
Signature of Candidate							Date					
Marlin A Stutzman							03/14/2011					
NOTE: Submission of false,	, erroneous	or incomplete	information	may subjec	t the person	sign	ing this Stat	tement	to pena	alties of	 2 U.S.C.§437g.	
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## **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:**This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Freshman Agricultural Republican Members Trust (F.A.R.M. Trust)

(b) Address (number and street) 7315 Wisconsin Avenue Suite 310 East

(c) City, State and ZIP Code

Bethesda 20814